

came to the Hudson Street Hospital he showed very few of the symptoms that were usually associated with injury of the abdominal viscera. He had been on a spree for two weeks, and denied all knowledge of any injury. He complained of pain in the abdomen, which he stated had come on about four days ago. The mild temperature elevation and the rapid breathing were attributed to a pleurisy, with slight effusion which was present. A rectal examination, however, revealed a mass which upon opening the abdomen proved to be due to an agglutination of the intestines. The latter were covered with lymph. Further inspection showed a contusion of the jejunum at several points and a rupture of one of the branches of the mesenteric artery, which was tied. The patient's condition at that time was so poor that an anastomosis was not deemed advisable. Perforation of the gut was feared, and subsequently it occurred, resulting in a fæcal fistula.

RUPTURE OF THE PLEURA AND LIVER.

DR. FORBES HAWKES presented a girl, eight years old, who first came under his observation on October 5, 1903. The history obtained was that forty-three hours previous to that date the child had been run over by a wagon, one of the wheels passing over the lower part of the chest. The injury at first was not regarded as serious, for she apparently recovered from her shock shortly; but the symptoms then gradually became worse, and when Dr. Hawkes saw her the pulse was weak and rapid (120-130); she was somewhat anæmic; there was an ecchymosis over the right chest, and both recti muscles were fairly rigid. The abdomen evidently contained some fluid. There was slight dullness over lower part of right chest. A provisional diagnosis of rupture of the liver and hæmorrhage into the peritoneal cavity was made, and the abdomen was opened directly over the region of the gall-bladder. The peritoneal cavity was filled with blood-clots and a brownish-green fluid, showing the presence of bile. Further examination revealed a rupture of the liver into which three fingers could be inserted. This wound was still bleeding, and in order to check the hæmorrhage a large dry pad was introduced and pressure exerted for about five minutes. A cigarette drain wrapped with rubber tissue was then inserted down to the wound in the liver.

The patient rallied well after the operation, but for several weeks afterwards her temperature ranged from 101° to 102° F. and her pulse from 138 to 160. Then the temperature began to go still higher, and there was considerable abdominal pain, with some distention. On October 16 the area of dulness over lower right chest was found to be increasing. A needle was inserted and some gelatinous-like substance withdrawn. About twelve hours later the chest was opened, a section of rib removed, and a small drainage tube inserted. This was unfortunately removed at the end of twelve hours. The temperature, which had been up to 104° F., gradually fell, and the patient got along fairly well until October 23, when signs of sepsis became noticeable. Her temperature again became elevated, and there was considerable pain over the region of the liver. The previous incision in that locality was enlarged, but the wound was found absolutely clean. A second incision was made later posteriorly over the right chest, opening into a small pleural pus cavity walled off by adhesions. On December 20 further sections of the ribs were removed, and counter-drainage instituted, after breaking up all adhesions in the pleural cavity. Following this the temperature rose to 106° F., but soon fell to normal, and there was no further trouble. Under proper exercises, the lung had since expanded, and the patient was now enjoying excellent health. She undoubtedly had a rupture of the pleura together with the rupture of the liver.

BULLET WOUND OF PLEURA, LUNG, DIAPHRAGM, AND LIVER.

DR. HAWKES showed a bullet that had passed through a patient's pleura, lung, diaphragm, and liver, and had lodged to the inner side of the upper pole of the right kidney, carrying with it four pieces of clothing. Recovery followed operation for hæmorrhage from the liver.

SOME CONSIDERATIONS REGARDING WOUNDS OF THE LIVER.

DR. BENJAMIN T. TILTON read a paper with the above title, for which see page 20.

DR. ALEXANDER B. JOHNSON said his experience in regard to the treatment of wounds of the liver had been very similar to